

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**BETWEEN**  
**DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)**  
**AND**  
**PRIVATE DRUG LABELERS**

This Memorandum of Understanding is hereby made and entered into by and between the Delaware Health and Social Services, hereinafter referred to as "DHSS," and the Private Drug Labeler identified on the signature page of this MOU, hereinafter referred to as "Labeler."

**1. Purpose.** DHSS is authorized to enable the designated drug labeler to retrieve, upon request, drug utilization information. This information will enable DHSS to invoice for Drug Rebate per the guidelines and requirements provided by the Centers of Medicare and Medicaid Services as they apply to all of the DHSS rebate invoices. The information shall be hereinafter referred to as the drug "Data Elements."

The purpose of this agreement is to establish the responsibilities of each party as it pertains to the administrative functions of Title 18 § 4006 of the Delaware Code regarding Data Sharing. This requirement is designed to promote electronic data sharing, which is easier to secure, reduces printing and mailing costs, and enables the Labeler to access information related to drug rebates and claims details more quickly.

**2. Scope.** Labeler will provide DHSS with an application and two contacts to certify that the applicant(s) are authorized to access rebate invoices and claim details. DHSS will provide the Labeler with the electronic file format required to view / retrieve invoices and claim level details.

DHSS will post the drug rebate information on a secure Website no later than 60 days after the end of each quarter. The Labeler will be notified via an e-mail that the data is available on the Website, in addition a notification will be sent via United States mail. The Labeler has 38 days from the postmark date on the notification to pay the invoices, per CMS guidelines.

**3. Data Elements.** The data elements to be included on the electronic file are found in Appendix A and B of this MOU.

**4. Contracting Period.** This MOU is effective as of the date it is signed by all parties and shall continue until either party has terminated the agreement and notified the party as such with a 60-day notice. This agreement may be amended at any time upon mutual consent of both parties, consistent with Title 18 § 4006 of the Delaware Code.

Each party shall have procedures in place to ensure compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), relating to the privacy and security of individually identifiable health information, if applicable.

If the terms of the MOU are not being fulfilled, one or both parties may terminate the agreement upon notification of such to the other party.

**Authorized Signers:**

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Signature  
(Name)  
Director, Division of Medicaid and  
Medical Assistance,  
Delaware Health and Social Services

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Date

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Signature  
(Labeler)  
(Title)

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Date

## **Appendix A**

### **Drug Rebate Invoice Record layout**

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Record ID	4	1-4	Constant of "FFSU" or "MCOU"
State Code	2	5-6	P.O. Abbreviation
Labeler Code	5	7-11	NDC 1
Product Code	4	12-15	NDC 2
Package Size Code	2	16-17	NDC 3
Period Covered	5	18-22	QYYYY
Product FDA Reg. Name	10	23-32	Product name as approved by and / or listed with the FDA (1 <sup>st</sup> 10 characters)
Unit Rebate Amount	12	33-44	9(5).9(6)
Units Reimbursed	15	45-59	9(11).999
Rebate Amount Claimed	12	60-71	9(9).99
Number of Prescriptions	8	72-79	9(8)
M'Caid Amount Reimb.	13	80-92	9(10).99
Non-M'Caid Amount Reimb.	13	93-105	9(10).99
Total Amt reimbursed	14	106-119	9(11).99
Correction Flag	1	120-120	0 = Original record 1 = Correction record

- For non-required fields, if no data is available then the field will be populated with spaces or zeros.

## Claim Level Detail File Format (App B) Revision Table

Revision Date	Description
1/1/2012	DRUG_RX_NUM field modified from 7 to 12 characters in length in order to support the new versions of HIPAA 5010 and NCPDP D.0
8/1/2015	PROC_CDE (7 characters), CL_TYPE (1 character) and CL_DTL_NUM (3 numeric) fields added to the end of the file.

**Appendix B**  
**Claim Level Detail File Format**

Field Name	Field Length	Field Type	Description
ICN	15	ALPHA-NUMERIC	Internal Control Number (ICN) is a unique control number assigned by the system to each claim received.
CL_HDR_VER_NUM	2	NUMERIC	The header version number indicates the version of the claim being viewed. The original claim will be version one and any adjustments will have ascending version numbers. The ICN will not change for the adjustments
TXN_TYP_CDE	1	ALPHA-NUMERIC	Transaction Type code
DRUG_RX_NUM	12	ALPHA-NUMERIC	Prescription number internal to the provider billed on the claim. <b>Please note this field is scrambled and not the actual value from the claim.</b>
CL_BILL_PR_ID	10	ALPHA-NUMERIC	Billing provider number. <b>Please note this field is scrambled and not the actual value from the claim.</b>
DRUG_MFG_CD	5	ALPHA-NUMERIC	Drug manufacturer code is digits 1-5 of the National Drug Code (NDC). The code identifies the manufacturer.
DRUG_CDE	4	ALPHA-NUMERIC	Drug code is digits 6-9 of the NDC. The code identifies the drug
DRUG_PKG_SZ	2	ALPHA-NUMERIC	Drug package size is digits 10-11 of the NDC. It is the package size for the drug.
CL_METRIC_DCML_UNIT	15	NUMERIC	Number of units for the service performed for a drug claim
CL_PD_DTE	8	NUMERIC	Paid date for adjudicated claims. This date is the earliest date that a provider can receive payment.
CL_FROM_DTE_SVC	8	NUMERIC	Beginning date of service billed for a claim detail
CL_BILL_AMT	9	NUMERIC	The billed amount submitted on the claim by the provider
CL_DISP_FEE	9	NUMERIC	Drug dispensing fee added to the payment to the provider
CL_COPAY	9	NUMERIC	Reflects the co-pay amount that is deducted from allowed amount
CL_OTHR_INS_AMT	9	NUMERIC	Other Insurance (OI) amount that was billed on the claim by the provider. The OI amount is captured at the header level of the claim and replicated to all details.
CL_PD_AMT	9	NUMERIC	Dollar amount paid for Medicaid claim
FND_SRC_CDE	2	ALPHA-NUMERIC	MMIS program funding source
DRUG_DAY_OF_SUPPLY	4	NUMERIC	Days of supply
NON_MCAID_PD_AMT	13	NUMERIC	Amount paid by third parties including Medicare.
TOT_AMT_REIMB	14	NUMERIC	Total amount reimbursed on the claim (Medicaid paid amount + non-Medicaid paid amount)
PROC_CDE	7	ALPHA-NUMERIC	Healthcare Common Procedure Coding System (HCPCS) are codes used for billing supplies, materials, injections and certain services and procedures.
CL_TYPE	1	ALPHA-NUMERIC	Claim type code identifies the claim as Drug (D), HCFA (M), Outpatient (O), Institutional Part B Crossover (X) or Professional Crossover (Y).
CL_DTL_NUM	3	NUMERIC	Claims consisting of multiple details or a single detail will have a unique code to identify the detail number. Each detail number will be in ascending order from the top of the claim to the bottom. This field contains the detail number.
NL	1		End of file marker